

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 21043	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name DAVID E FOUGHT P.O. Box, Bldg., Room No., if any Street 6403 DIAMOND ROCK DR City KATY State TEXAS ZIP Code + 4 77449-4242	4. Name, file number, and address of labor organization. Name PLUMBERS LOCAL UNION #68 Labor Organization File Number 039749 P.O. Box, Building and Room Number, if any Street P.O. BOX 8746 City HOUSTON State TEXAS ZIP Code + 4 77249-8746
5. Position in labor organization. COMMUNITY SERVICES COMMITTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-14-05

Date

281-703-4271

Telephone Number



Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any) Name <i>HOUSTON AREA PLUMBING J.A.C.</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any <i>P.O. BOX 8653</i> Street <i>454 LINK RD</i> City <i>HOUSTON</i> State <i>TEXAS</i> ZIP Code + 4 <i>77244-8653</i>	9. Business deals with a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <i>HOUSTON AREA PLUMBING J.A.C.</i> Trade Name, if any: P.O. Box, Bldg., Room No., if any <i>P.O. BOX 8653</i> Street <i>454 LINK RD</i> City <i>HOUSTON</i> State <i>TEXAS</i> ZIP Code + 4 <i>77244-8653</i>	11.a. Nature of such dealing. <i>1) CHECK TO ASSE MEMBERSHIP DUES \$50 2/3/04</i> <i>2) CHECK TO TEXAS STATE BOARD PLUMBING EXAMINERS 3/10/04</i> <i>REGISTRATION FEE \$100 FOR CLASS TO CERTIFY</i> <i>TO TEACH PLUMBERS CONTINUING PROFESSIONAL EDUCATION.</i> <i>3) CHECK TO MASS. BENEFITS CONSULTANTS, INC.</i> <i>ACCIDENTAL INSURANCE \$9 5/19/04</i> <i>4) CHECK TO HOLIDAY INN AUSTIN SOUTH. LODGING TO \$141 6/1/04</i> <i>ATTEND PLUMBERS CONTINUING PROFESSIONAL EDUCATION CLASS</i> 11.b. Approximate dollar value of such dealing. <i>\$ 1818.00</i> 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment 14.b. Amount of payment
13.b. Is the Business an Employer or Consultant?	?

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name <i>HOUSTON AREA PLUMBING J.A.C.</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>454 LINK RD</i></p> <p>City <i>HOUSTON</i></p> <p>State <i>TEXAS</i> ZIP Code + 4 <i>77249-8653</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>HOUSTON AREA PLUMBING J.A.C.</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. BOX 8653</i></p> <p>Street <i>454 LINK RD</i></p> <p>City <i>HOUSTON</i></p> <p>State <i>TEXAS</i> ZIP Code + 4 <i>77249-8653</i></p>	<p>11 a. Nature of such dealing.</p> <p><i>5) EXPENSE ALLOWANCE FOR U.A. INSTRUCTOR TRAINING IN ANN ARBOR MICHIGAN 7/13/04 \$450 FOR MEAL & CLASS MATERIAL</i></p> <p><i>6) 7/30/04 CHECK TO AMERICAN EXPRESS FOR AIR FARE TO ATTEND U.A. INSTRUCTOR TRAINING IN ANN ARBOR \$256</i></p> <p><i>7) 8-18-05 REIMBURSEMENT EXPENSES \$15 WHILE ATTENDING INSTRUCTOR PLUMBERS CONTINUING PROFESSIONAL EDUCATION CLASS IN AUSTIN</i></p> <p>11 b. Approximate dollar value of such dealing. <i>\$1818.00</i></p> <p>12 a. Nature of interest held or income received</p> <p>12 b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a. Nature of payment</p>
<p>13 b. Is the Business an Employer or Consultant ?</p>	<p>14 b. Amount of payment</p>

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<p>8. Name and address of Business (including trade name, if any)</p> <p>Name <u>HOUSTON AREA PLUMBING J.A.C.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 8653</u></p> <p>Street <u>454 LINK RD</u></p> <p>City <u>HOUSTON</u></p> <p>State <u>TEXAS</u> ZIP Code + 4 <u>77249-8653</u></p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>HOUSTON AREA PLUMBING J.A.C.</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 8653</u></p> <p>Street <u>454 LINK RD</u></p> <p>City <u>HOUSTON</u></p> <p>State <u>TEXAS</u> ZIP Code + 4 <u>77249-8653</u></p>	<p>11 a. Nature of such dealing.</p> <p>8) 8-25-04 CHECK TO FOUR POINTS SHERATON ANN ARBOR LODGING WHILE ATTENDING U.A. INSTRUCTOR TRAINING \$634</p> <p>9) 8-25-04 CHECK TO AMERICAN EXPRESS AUTO RENTAL WHILE ATTENDING U.A. INSTRUCTOR TRAINING MY PART \$113</p> <p>10) 8-25-04 CHECK TO AMERICAN EXPRESS, INSTRUCTOR AWARDS DINNER, MALABON CTR, U.A. INSTRUCTOR TRAINING ANN ARBOR MY PART \$50</p> <p>11 b. Approximate dollar value of such dealing. <u>\$1818.00</u></p> <p>12 a. Nature of interest held or income received.</p> <p>12 b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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